DOCUMENT RESUME

ED 333 700 EC 300 456

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TITLE State Policy Development for P.L. 99-457, Part H: Initial Findings from Six Case Studies.

INSTITUTION North Carolina Univ., Chapel Hill. Carolina Inst. for Child and Family Policy.; North Carolina Univ., Chapel Hill. Frank Porter Graham Center.

SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE 91
CONTRACT G0087C3065
NOTE 30p.; For related documents, see EC 300 454-455.
PUB TYPE Reports - Research/Technical (143) -- Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Case Studies; *Disabilities; *Early Intervention; *Family Programs; Policy Formation; Political Influences; Preschool Education; State Action; Statewide Planning; Supervision
IDENTIFIERS Education of the Handicapped Act 1986 (Part H)

ABSTRACT

This report is one of three resulting from a 50-state survey on the development of family policies through the implementation of Public Law 99-457 (Part H) and presents first year findings on policy development in six states. The ongoing 3-year case studies are intended to examine those factors that influence progress in the stages of policy implementation of Part H. Noted are four variables important in policy implementation identified in the literature: (1) characteristics of the policy and its goals; (2) characteristics of implementing agencies; (3) beliefs and attitudes of key policy actors; and (4) variations in administrative and governmental processes. The study is examining the implementation process in terms of three major phases: policy development, policy approval, and policy application. Enabling factors in policy development were identified and include historical factors related to children with handicaps, key persons, a shared vision of the desired service system, a suitable governmental structure, a political climate of agency cooperation, adequate resources, and previous existence of compatible policies. Major barriers to policy development include: a tradition of local autonomy in policymaking; a government structure requiring many clearances for policy approval; a political climate of local autonomy; inadequate resources; a lack of supportive key persons; and an absence of enabling factors. (19 references) (DB)

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ED 333709

Carolina Institute for Child and Family Policy

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APRIL, 1991

The Carolina Policy Studies Program is funded by the Office of Special Education Program, U.S. Department of Education, Cooperative Agreement #G0087C3065. However, these contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.

ACKNOWLEDGEMENTS

The authors wish to express their gratitude to the many people in the six case study states who provided extensive time and energy for this study.

The authors also wish to thank Nicholas Anastasiow, Carol Berman, and Charles Gershenson (members of the Carolina Policy Studies Program's National Advisory Committee) for their insights and advice regarding design, data collection, and analysis. We also wish to thank Lois-ellin Datta, Duncan Munn, and Kathy Hebbeler for reviewing this paper.

Appreciation is extended to Carolyn Stuart and Jacqui Van Horn where were very helpful in data collection and analysis.

PURPOSE OF THIS DOCUMENT

This paper shares some of the findings from the Carolina Policy Studies Program's (CPSP) six state case studies of the implementation of P.L. 99-457, Part H, Early Intervention Program for Handicapped Infants and Toddlers. This legislation is a discretionary program that establishes grants to states to develop systems of services to children from birth to three with handicaps and their families. The framework for approaching these case studies is presented as well as some of our preliminary findings.

INTRODUCTION

Implementation of the legislation for infants and toddlers with handicapping conditions and their families (P.L. 99-457, Part H) calls for the coordination of varied services among state and local agencies and for determining funding sources for these services. States are charged not only with implementing policy, but in many instances must develop and gain approval for new policies related to this legislation. The discretionary nature of Part H of P.L. 99-457 meant that the legislation needed to allow states considerable flexibility in how they implement the federal requirements in order to encourage their participation (Brown, 1990).

The Carolina Policy Studies Program is conducting case studies of six diverse states in order to examine those factors that influence progress in the stages of policy implementation of Part H. The states were selected to vary on a number of demographic characteristics, as well as their history of services to handicapped

preschoolers, and their approaches to providing such services. These case studies, which are being conducted over a period of three years, include site visits to the states, extensive interviews with key actors in the state policy process, and document analysis (e.g., statutes, interagency agreements).* This report summarizes initial findings from the first year of data collection.

BACKGROUND

When social policy is established at the federal level, and has to be carried out at the state and local levels, the issue of factors influencing the implementation process becomes paramount. At least four sets of variables important in policy implementation at the state level emerge from the literature. They are:

(1) **the characteristics of the policy and its goals** (Bardach, 1977; Comfort, 1982; Derthick, 1972; Rosenbaum, 1980; Sabatier & Mazmanian, 1979; Williams, 1971);

(2) **characteristics of implementing agencies** (Edwards, 1980; McLaughlin, 1987; Nakamura & Pinderhughes, 1980);

(3) **beliefs and attitudes of key policy actors** (Bardach, 1977; Mitchell, 1981; Sabatier & Mazmanian, 1979; Van Horn & Van Meter, 1977); and

*A complete description of the methods used in the case studies is available from the CPSP upon request.

(4) **variations in administrative and governmental processes** (Albritton & Brown, 1986; Berke & Kirst, 1972; Elazar, 1966; Greenberg, 1981; Johnson & O'Connor, 1979; McDonnell & McLaughlin, 1982; Wirt & Kirst, 1982).

When P.L. 99-457 (Part H) was passed in 1986, states were at different levels of development regarding services to infants and toddlers with handicapping conditions, as well as with regard to policies for service delivery (Meisels, Harbin, Modigliani, & Olson, 1988). The states also varied in the approaches taken to service delivery, policy development, and planning for future services. Additionally, states varied across many dimensions such as relative wealth, political support for programs for children, government organizational structure, and designated lead agency and its location within state government. It is with special attention to this diversity that case studies were designed to analyze, describe, and explain why and how implementation of P.L. 99-457 proceeds.

The law articulates fourteen minimum components of which a state system of early intervention services must be comprised (see Table 1). The law's prescriptions require states to generate policies, such as rules and procedures, to meet these fourteen components. In addition, this policy development must be coordinated among a variety of state agencies. Because of the very distinct and complex circumstances of implementation encountered in any given state, a detailed analysis of how and why states progress in negotiating policy implementation is critical.

Table 1

MINIMUM COMPONENTS OF A STATEWIDE COMPREHENSIVE SYSTEM FOR THE PROVISION OF APPROPRIATE EARLY INTERVENTION SERVICES TO INFANTS AND TODDLERS WITH SPECIAL NEEDS

1. Definition of developmentally delayed.
2. Timetable for all in need in the state.
3. Comprehensive multidisciplinary evaluation of strengths and needs of children and families.
4. Individualized family service plan and case management services.
5. Child find and referral system.
6. Public awareness.
7. Central directory of services, resources, experts, research and demonstration projects.
8. Comprehensive system of personnel development.
9. Single line of authority in a lead agency designated or established by the governor for implementation of:
    a. General administration and supervision.
    b. Identification and coordination of all available resources.
    c. Assignment of financial responsibility to the appropriate agency.
    d. Procedures to ensure the provision of services and to resolve intra- and inter-agency disputes.
    e. Entry into formal inter-agency agreements.
10. Policy pertaining to contracting or making arrangements with local service providers.
11. Procedure for timely reimbursement of funds.
12. Procedural safeguards.
13. Policies and procedures for personnel standards.
14. System for compiling data on the early intervention programs.

APPROACH TO STUDYING IMPLEMENTATION

This study is examining the implementation process as composed of three major phases: policy development, policy approval, and policy application. During the first year (1988-89) of case studies, the phase of policy development was studied. This phase includes the generation of a set of written rules and procedures by each of the states which guide the allocation of resources, identification of the eligible candidates for the services, delineation of the system of services, identification of who will deliver the services, and stating the conditions under which the services will be delivered. It is noteworthy that the three phases overlap in some ways. For instance, while many policies were being developed in the states, there were also attempts to begin to implement parts of them.

This study attempts to describe enabling factors, those state characteristics or phenomena which facilitate policy development, as well as factors that operate as barriers to inhibit the policy process. Prior to data collection, CPSP considered eight possible global factors that might influence policy development and implementation; they are displayed in Table 2.

FACTORS INFLUENCING POLICY DEVELOPMENT

The case studies of six states found that there are many different combinations of these eight factors which can operate to enhance policy development. The number, type, and combination of factors differed across states. Policy development, moreover,

Table 2

EIGHT FACTORS RELATED TO THE PHASES OF POLICY IMPLEMENTATION

History	A state's past record of service provision and coordination for young children with special needs.
Political Climate	Current sentiment in the state, especially among key policy makers, regarding the need for child-related programs and policies.
Available Resources	Availability of fiscal resources or programs for handicapped infants and toddlers. Availability of trained personnel and/or personnel preparation programs in the state to meet service demands.
Existing Policies	The comparability and compatibility of existing policy statements (e.g., statutes, standards, guidelines) to policy required by Part H of P.L. 99-457.
Key People	State government officials, agency staffs, and advocacy groups who play a role in Part H policy development and application.
Policy Development Process	Formal and informal procedures used to develop and obtain approval of policy related to Part H.
State Government Structure	Location and authority of Part H related to the decision-making points in state government.
Shared Vision	Clear articulation of conceptualization of a coordinated service delivery system for Part H by more than one power source.

appeared to be affected by barriers of various kinds which, in some states, were counteracted or overcome by positive factors. As might be expected, in some states barriers were more detrimental to policy development than in others.

States varied in the number of factors influencing policy development. This study found that a range of four to six factors noted in Table 2 were operating in each of the states. Based on our analysis, no state had all eight enabling factors operating, although all of the eight proposed factors did appear in one or more states. Each state had at least one identifiable barrier to policy development which could be a component of a favorable enabling factor. For example, in one state the interagency government structure served to facilitate progress, but the unclear fiscal authority of state agencies (another aspect of government structure) was a barrier. The following summarizes the findings about how these factors operated. Despite the variability among states, there are systematic relationships which can be used to guide future policy development.

Enabling Factors

Historical Factors Related to Children with Handicaps. Three types of historical factors in the states were found to have an impact. First, some states had a history of interest in, and service to, young children with handicapping conditions prior to the passage of P.L. 99-457. This, along with a history of political support in the legislature for services to this group of young children, tended to facilitate progress in formulating policies for Part H of P.L. 99-457.

A third important historical aspect was the continued presence of several key decision-makers in different state agencies with a history of working cooperatively prior to the passage of P.L. 99-457. These case studies suggest that positive, long-standing personal relationships among key persons in state agencies are important for the development of trust necessary for the development of coordinated or compatible policies.

Key Persons. One of the clearest findings from these case studies is the important role played by persons who are willing to expend some of their personal and/or political influence to trigger action on policy development, approval, and implementation. Although the lead agency has the mandated responsibility to coordinate services and finances, rarely does a single state agency have the authority within government to do this.

In developing policy for Part H, a number of potential groups, constituencies, and actors can exercise influence.

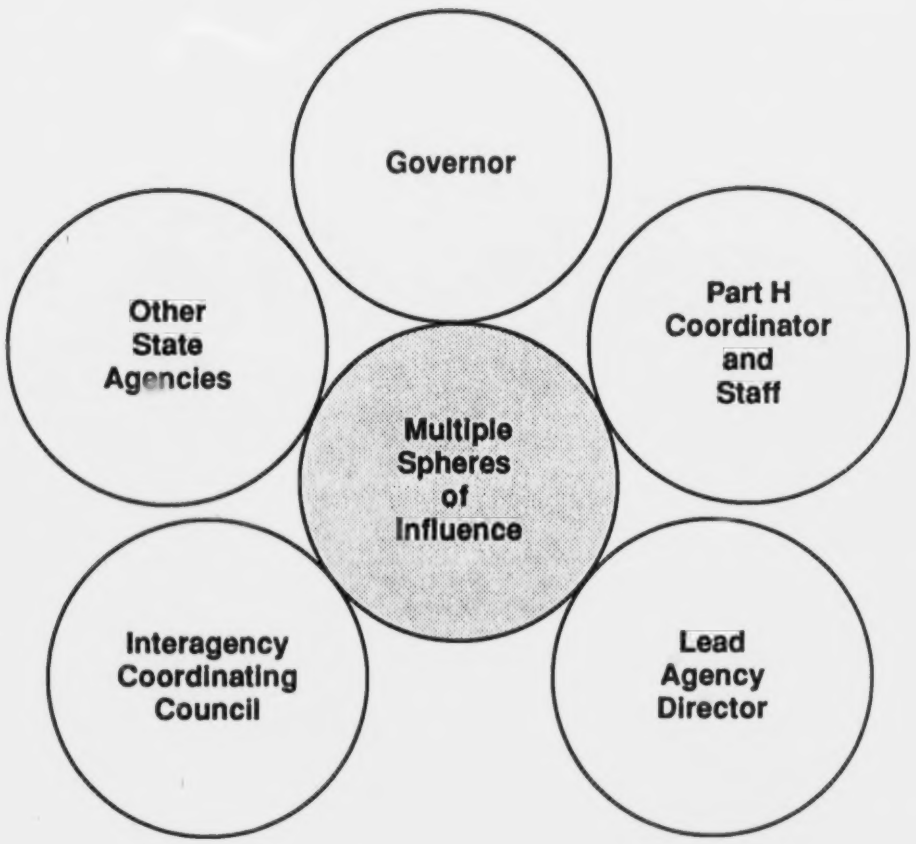
They include:

- The Governor
- Part H Coordinator and Staff
- Interagency Coordinating Council
- Institutions of Higher Education
- Local Service Providers
- Other State Agencies
- Parents and Advocacy Groups
- Professional Organizations
- Legislature
- Lead Agency

Our analysis indicates that it is necessary to activate at least four to five "spheres of influence" (see Figure 1) if some kind of

Figure 1

Illustration of Activation of Multiple Spheres of Influence in One State



effective action is to take place. We have found that there needs to be one or more persons in the lead agency committed to the Part H program, but there must be other persons in various centers of influence, as well, if progress is to be made in policy development. Specifically, we found that active participation by several agency administrators at the division director level (e.g., director of special education) was critical in the policy development process.

A second finding which emerged under the rubric of "key people" was the importance of characteristics and skills of state administrators. In particular, characteristics and skills of the Part H Coordinator or the lead agency director appear critical in the successful negotiation of the policy development phase of P.L. 99-457 (Part H). These skills include: (1) being knowledgeable about state systems; (2) having previous experience with an interagency approach; (3) using a participatory policy development style; (4) being informed about funding sources and systems; (5) having political skills that encourage actors such as legislators and the governor to support Part H; and (6) being willing to take risks. Furthermore, we have found that a lead agency director, such as the director of special education programs, who is highly involved in providing vision and leadership contributes to progress in the development of policy.

Also, we found that states in which the Part H staff have a variety of competencies are making significant progress in the early phases of policy development. In these states, the Part H Coordinator's planning in selecting these staff was clear.

Shared Vision. Our analysis suggests that a vision of the desired service system, which is shared by multiple persons in several centers of influence is critical to progress. This means that some person, or group of persons, has been able to develop the conceptualization of the future service system for their state and is able to articulate that image in an effective fashion to other persons. Shared vision means a clear portrait of:

(1) who is to be served by this legislation,

(2) who will provide the services,

(3) the nature of the services to be provided and where they will take place,

(4) the special conditions are under which the services will be provided,

(5) how the service components are integrated into a system,

(6) how the services will be funded,

(7) how services will be coordinated, and

(8) the values or philosophy which undergird all of these.

Progress also appeared to be related to the sharing of this vision across four to five agencies, organizations, power sources, and constituencies. An important part of the vision also is a set of administrative and political strategies by which the state can move from its current position to the desired vision.

Process of Policy Development. States that feature multiple levels in the process of coordination in policy development appear to have an advantage. For example, in many of the case study

states, not only were there coordination efforts across two or three agencies at the agency director level, but at the staff level, as well.

Cooperative policy development across agencies was also a hallmark of state progress. In four states, participation of most of the key agencies and constituencies was sought during policy development and planning. An atmosphere of cooperation and multiple "ownership" seemed to emerge in the states where participation by a wide variety of agencies and groups was sought.

Governmental Structure. One of the factors which seemed to lead to more effective policy development, was the prior existence, or construction, of mechanisms for planning and program coordination such as interagency and intra-agency work groups to plan services for children. Three of the six states appeared to have models for such cooperation already in place, while two others had little or no experience in cooperative, cross-agency planning and programming prior to 1986. Yet, establishing structures at multiple administrative levels, which aid interagency communication and coordination, appeared to enable states to plan more effectively. A mechanism for enhanced interagency communication at the division director's level was found in several states which are making considerable progress. While the ICC often played a supportive role, the administrative structure composed of high-level decision makers (i.e., commissioners or division directors) played the major role in facilitating coordinated planning and policy development. This binding is not surprising since in these states the ICC did not have the authority to commit or expend state funds. Three states

have some local-level coordination efforts such as a local coordinating council.

The use of Part H staff as liaison to other agencies and the coordination of Part H efforts with other state early childhood initiatives enabled substantial progress to be made in some states. This approach was used in states with a formal interagency administrative structure as well as in some with a traditional state government structure where agencies are autonomous units.

Political Climate. Two aspects of this variable (See Table 2) were manifested in the case study states. First, a climate of cooperation and trust among various state agencies, among the Part H staff, and between the lead agency and the Interagency Coordinating Council (ICC) contributed to enabling three states to develop policy related to Part H. Second, the general political climate, in the form of a public commitment to children by policymakers helped to gain support for policy development related to P.L. 99-457. This climate developed through the Governor's office and/or through the legislature. Some elected officials used a strategy of relating the need for early childhood programs to longterm economic benefits for the state. We also observed that a favorable climate was often a function of influential parents and agency representatives putting children's issues on the policy agenda.

Resources. Regardless of favorable history, political climate, or governmental organization, there clearly needs to be a base of state resources available on which to build a coordinated system of funding and services. Regardless of overall state

resources, some existing state funds for these services, even if limited, enabled states to make clear progress in policy development. Existing services for infants and toddlers, which provide a basis for building additional programs, allowed five of the states studied to secure additional state funding and to garner support for services related to Part H of P.L. 99-457. Similarly, states with commitments from institutions of higher education, and thus a strong base for the preparation of qualified personnel, were better able to plan for service delivery.

Existing Policies. States differed substantially in the existence of policies similar to the requirements of P.L. 99-457 when the legislation was passed in 1986. Those states with policies that had established the process and structure for early intervention programs appeared to have a beginning advantage in making progress towards formulating additional, related policies. States that enacted legislation or formal directives early in the planning stages for Part H which stipulated the use of multiple funding sources, for example, seemed to be laying the foundation for the formulation of additional policies necessary for the full implementation of the Part H program.

Barriers

Table 3 presents the strength of the previously discussed enabling factors across states. It also displays the major barriers (indicated by asterisks) which operated in the six states. States began the process of formulating policy for Part H at different

Table 3

Strength of Factors Operating to Influence Policy Development for Part H of P.L. 99-457

State	History	Key People	Resources	Policies	Government Structure	Policy making Process	Shared Vision	Political Climate
A	Moderate	Extremely Strong *	Moderate	Weak	Weak / Moderate	Strong	Extremely Strong	Extremely Strong
B	Extremely Strong	Extremely Strong	Strong	Extremely Strong	Extremely Strong *	Extremely Strong	Extremely Strong	Strong
C	Extremely Strong	Moderate	Extremely Strong	Moderate	Weak *	Weak	Moderate	Weak / Moderate *
D	Weak *	Weak *	Weak	None	None	None	Weak *	None *
E	Extremely Strong	Extremely Strong	Moderate *	Strong	Strong *	Strong *	Extremely Strong	Strong *
F	Extremely Strong	Moderate	Extremely Strong *	Moderate / Strong *	Moderate *	Moderate *	Moderate	Weak / Strong *

*Indicates that an aspect of this factor operated as a significant barrier to progress in developing policy for Part H.

points. Some states had existing mechanisms to foster interagency collaboration. Others had a political climate ripe for committing resources to early intervention programs.

The preceding discussion has illustrated the variety of positive, enabling factors which are associated with progress in policy development for Part H. A similar situation was found regarding barriers to developing policy in the six case studies. These factors, which impeded policy development, varied across states. As illustrated in Table 3, a factor such as government structure acted as an enabler in some states and as a barrier in others. In some instances one aspect of a global factor enabled progress, while another aspect of the same factor impeded the state's progress.

Five factors emerged in the first year of these case studies as major barriers to policy development regarding P.L. 99-457. While no factor cut across all of the states studied, these five did appear in more than one case study.

Process of Policy Development. States in which there is a tradition of local autonomy in policymaking were faced with a set of difficulties which states with more centralized authority do not face in implementing Part H of P.L. 99-457. In traditionally decentralized states, state government must take on the new role of setting standards, writing policy, and distributing resources equitably in order to meet the service demands of Part H. Such centralized policymaking has caused dissatisfaction in several states with a tradition of local control, and was seen as stifling the entrepreneurial capacity of local providers.

Governmental Structure. Some state government structures can and do pose barriers to policy development. Having a large number of clearance points at the state level for policy approval, for example, has proved to be a stumbling block in some states. In one state, a change in the designation of the lead agency was very disruptive for personnel, as well as to the development of an interagency vision for service delivery.

In some states the existence of early intervention services prior to the passage of P.L. 99-457, and the concomitant structure of decision making presented difficulties for the successful implementation of Part H. An existing service system, for example, may not address family needs in the comprehensive, family empowering way the law intends and requires. Thus, although an existing interagency structure for early intervention services may mean that a state has a value system which places an emphasis on the needs of young children, implementation of this particular law may require difficult changes in current practices in order to meet the new requirements.

Political Climate. As noted above, an ethos of local autonomy can create a barrier to a statewide system of services by inhibiting the coordination necessary at the state level. It appears that leaders must realize that a sense of ownership in the program and policies should be balanced with the need for fair and uniform policies. Changes in key policymakers, such as the governor or agency heads, also were found to disrupt the climate of commitment to children's programs. One aspect of this disruption is the re-

education necessary to help a new policymaker understand the demands of the law.

A governor who was not supportive of children's programs was also found to be a significant barrier to be overcome in two case studies. Similarly, a lame duck governor can impede progress by virtue of his/her diminished power to shape policy and the reluctance of state planners to move forward before the new governor takes office. Finally, when the political climate in a state is not conducive to coordinating services because of "turf guarding" by agencies who have traditionally been autonomous, precise policy is understandably difficult to develop. We found that one way states are dealing with such difficulties and uncertainties is by writing policy that is not specific about responsibilities, relying upon later events to clarify such politically sensitive issues.

Resources. First, the general economic condition of the state sets the tone for the expansiveness permissible in planning for and implementing Part H. Second, at the policy development phase, issues of control over money at the department level emerged as a barrier. In some states we found that the structure of state government, with few interagency mechanisms in place, exacerbated the anxiety that department administrators expressed over how much of their limited resources will be required to be expended for these purposes.

The difficulty in securing commitment for significant levels of financing from different agencies was considerable in five of the states. Concerns about using Medicaid to fund early intervention services were also evident in at least one state, with staff

expressing concerns about staff time, effort, and difficulties in predicting the costs of this funding alternative. In general, the expenditures of staff time necessary to explore possible funding sources and develop rates for services have presented significant obstacles for planning.

A general resource barrier is the lack of qualified personnel. States that lack programs for training early intervention personnel and/or the resources to build programs are fearful that shortages will critically affect services. These shortages, in turn, affect the vision for services which is developed in the state. The vision may be less than ideal if policymakers do not know whether, and what kind of, trained personnel will be available.

Key People. While the leadership and vision provided by key people such as lead agency directors, Part H Coordinators, and advocacy groups, were found to primarily serve as enabling factors, this factor also emerged as a barrier in two states. In these cases, legislators were not supportive of the Part H program and, in both states, agencies other than the lead agency resisted being involved in the program. In one state, advocacy groups were in conflict about how Part H planning and implementation should proceed.

Absence of Enabling Factors as Inhibitors. Deficits in three particular areas appear to affect adversely the states' ability to develop policy. First, the lack of support for policy objectives by a central person in a significant agency can impede policy development, as can the lack of leadership within the lead agency. By the same token, a lack of shared vision stalls the policy development process. Even if a key person has a vision of the

service delivery system, if other participants in the system (such as ICC members) do not share this vision, a sense of purpose and cooperation is lacking. Conflicts among key players regarding the value basis for making decisions and setting priorities are also likely if the vision is not shared.

Third, a lack of a state government structure or mechanisms to facilitate interagency coordination appears to be related to a single-agency focus, wherein one agency forms policy with limited input from other agencies and constituencies. This discourages information exchange and collaborative decision-making. This impediment appears to delay policy development in certain areas, such as interagency agreements, as compared with states that have an existing structure for this type of collaboration. However, in one state this single agency focus, while still discouraging interagency collaboration, actually accelerated the development of policy related to funding because few players were involved.

Summary and Implications

The strength of various enabling factors across the six case studies and the barriers found to operate in these states, summarized in Table 3, suggest several points:

1) Enabling factors vary in strength from none (exerting no positive influence on policy development) to extremely strong (exerting an extraordinarily powerful positive influence on policy development).
2) In some states, various aspects of a single factor operated in different ways. In State A, for example, numerous key

people were exerting considerable leadership in the Part H program, but a number of legislators were acting to impede policy development for Part H.

3) The finding that a factor is not a positive influence, or is quite weak, does not necessarily imply that the factor is necessarily a barrier to progress (e.g., Policies in State A).

Special conditions in the states such as the fiscal situation, a new governor, and the openness to institutional innovation can and will have an impact on the way the Part H program is implemented in the states. The flexibility given to states by the statute also contributes to the potential variation in the policies formulated and their subsequent implementation. As with the implementation of many other federal programs at the state and local level, the characteristics of federal statutes and accompanying regulations shape the course of policy development (Sabatier & Mazmanian, 1979).

Several lessons for the states emerge from this first year of case studies. First, the presence of any one factor is not sufficient to ensure progress. However, the factors of leadership, sharing a vision for service delivery to handicapped infants and toddlers and their families, along with a positive political climate, are factors amenable to change in the states. These factors, which were found to have an influence on Part H policy development, can be cultivated. Leadership in the lead agency, for instance, and a strong attempt to encourage a sharing of the vision for service delivery across agencies, can be promoted, although it does take time. Conscious attempts to activate multiple spheres of influence to support the

Part H program should also be part of any strategy for enhancement of sound policy development, approval and implementation.

A number of the factors which were examined in these case studies are preexisting characteristics, such as history of early intervention services, or having an interagency structure. As this study has illustrated, states began the process of developing policies for Part H at different levels and in different circumstances. However, there is no reason to believe, from these initial studies, that states lacking advantageous characteristics prior to Part H cannot plan and act in a way to create an environment conducive to developing policy for Part H. For example, states with a relatively low per capita income, and thus a lower tax base, were not making less progress developing policies for Part H. It appears that factors other than relative state wealth operate to facilitate policy development and coordination.

These findings also imply that while history of services cannot be created, a positive climate upon which to build services can be, especially if leadership can be encouraged in the state lead agency, ICC, and other involved groups. These case studies also suggest that building upon relationships among the key players is an advantageous strategy for facilitating communication and cooperation. As previous studies have demonstrated, the beliefs and attitudes of key policy actors are important determinants of the progression of implementation (Mitchell, 1981). Indeed, these data portray a complex picture in which a variety of factors influence the development of policies, and suggest that there are many roads to progress in meeting the demands of Part H of P.L. 99-457.

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